I COMBUNEU DECIMIMBOL POLEMENT MODICADOLANO FOWELOL MOUNEY								ATTORNEY DOCKET 85677D-W				
As below named inventor, I hereby declare that: My residence, post office address and citizenship are as stated below next to my name, I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:												
COLORABLE POLYMERIC PARTICLES WITH BIOLOGICAL PROBES												
The specification of which (check only one item below):												
X is attached hereto.												
was filed as United States Application Serial No. on and												
was amended on (if applicable). was filed as PCT international application Number on and was amended on (if applicable).												
						Jaime as	amandad h		andinant			
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.												
I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title												
37, Code of Federal Regulations, §1.56. I hereby claim foreign priority benefits under Title 35, United States Code, §119 (a)-*d) or 365 (b) of any foreign application(s) for patent or inventor's												
certificate, or (365 (a) of any PCT in and have also identified below any	• •	• •	U	•								
one country other than the United St												
priority is claimed: PRIOR FOREIGN/PCT APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. 119:												
COUNTRY APPLICATION NUMBER DATE OF FILING (if PCT, indicate PCT) (month/day/year)					PRIORITY CLAIMED UNDER 35 USC §119							
							YES		NO			
							YES		NO			
<u>. </u>												
I hereby claim the benefit under Title 35, United States Code, 119 §(e) of any United States provisional application(s) listed below:												
PRIOR PROVISIONAL APPLICATION(S) AND ANY PRIORITY CLAIMS UNDER 35 U.S.C. §119 (e):												
PROVISIONAL APPLICATION NUMBER FILING DATE (month/day/year)												
			<u></u>									
I hereby claim the benefit under Title 35, United States Code, §120 of any prior United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior applications(s) in the manner provided by the first paragraph of Title 35, §112, I acknowledge the duty to disclose to the U.S. Patent & Trademark Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations §1.56, which became available between the filing date of the prior application(s) and the national or PCT international filing date of this application:												
PRIOR US APPLICATIONS OR 35USC§120:	PCT INTERN	ATIONAL APPLIC	CATI	ONS DESIGNATING TH	IE U.S FOR	BENEF	IT UNDER					
U.S. APPLICATIONS					STATUS (Check one)							
U.S. APPLICATION NUMBER	U.S. FILING DATE			PATENT	ED	PENDING	АВА	NDONED				
PCT APPLICATIONS DESIGNATING THE U.S.												
PCT APPLICATION NO. PCT FILIN		IG DATE U.S. SERIAL NUMBERS ASSIGNED (if any)		1								
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POWER OF ATTORNEY: As a named inventor, I hereby appoint the attorney(s) and/or agent(s) associated with Eastman Kodak Company <u>Customer No. 01333</u> to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.											
Se	nd Correspo	ondence to: Patent L	egal Sta	ıff	Direct Telephone Calls to: (name and telephone number)						
Eastman Kodak (343 State Street					Doreen M. Wells (585) 588-2405						
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3	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF INVENTOR	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
0	RESIDENCE &	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
4	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
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5	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
2	FULL NAME OF	FAMILY NAME		FIRST GIVEN NAME	SECOND GIVEN NAME						
0	RESIDENCE & CITIZENSHIP	CITY		STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP						
6	BUSINESS ADDRESS	BUSINESS ADDRESS		CITY	STATE & ZIP CODE (COUNTRY)						
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.											
Want M. Schrolder			2	e of Inventor 202	SIGNATURE OF INVENTOR 203 DATE						
DATE 7/2/22			DATE	7/7/03							
SIGNATURE OF INVENTOR 204			SIGNATURI	E OF INVENTOR 205	SIGNATURE OF INVENTOR 206						
DATE		DATE		DATE							

Combined Declarati n For Patent Application and P w r f Att rney (Continued)

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